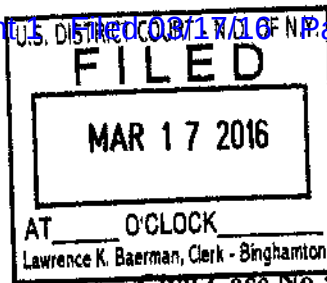


UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK



Plaintiff(s)

Alesha Fuller vs. *SDH Education West*

Defendant(s)

Civil Case No.:

3:16 CV 315 DNH/DEP

CIVIL COMPLAINT
PURSUANT TO
TITLE VII OF THE
CIVIL RIGHTS ACT,
AS AMENDED

Plaintiff(s) demand(s) a trial by: ☒ JURY ☐ COURT (Select only one).

JURISDICTION

1. Jurisdiction is conferred on this court pursuant to 42 U.S.C. § 2000e-5.

PARTIES

2. Plaintiff: *Alesha T. Fuller*

Address: *256 1/2 Main Street*

Binghamton, NY 13905

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: *SDH Education West, LLC*

Official Position: _____

Address: *9801 Washingtonian Blvd*
Gaithersburg, MD 20878

b. Defendant: _____

Official Position: _____

Address: _____

4. This action is brought pursuant to:

☒ Title VII of the Civil Rights Act of 1964, as amended, codified at 42 U.S.C. § 2000e *et seq.*, and the Civil Rights Act of 1991, for employment discrimination based on race, color, religion, sex or national origin.

☐ Pregnancy Discrimination Act of 1978, codified at 42 U.S.C. § 2000e(k), as amended, Civil Rights Act of 1964, and the Civil Rights Act of 1991, for employment discrimination based on pregnancy.

5. Venue is invoked pursuant to 28 U.S.C. s 1391.

6. Defendant's conduct is discriminatory with respect to the following (check all that apply):

- (A) ☒ My race or color.
- (B) ☐ My religion.
- (C) ☒ My sex (or sexual harassment).
- (D) ☐ My national origin.
- (E) ☐ My pregnancy.
- (F) ☐ Other: _____

7. The conduct complained of in this action involves:

- (A) ☐ Failure to employ.
- (B) ☒ Termination of employment.
- (C) ☐ Failure to promote.
- (D) ☒ Unequal terms and conditions of employment.
- (E) ☐ Reduction in wages.
- (F) ☒ Retaliation.
- (G) ☒ Other acts as specified below: _____

Management Misconduct

8.

FACTS

Set forth the facts of your case which substantiate your claims. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).

I Alesha Fuller Residing at 250 1/2 Main Street
Binghamton, NY 13905 Charge respondents SDH Education West, LLC
address 9801 Washingtonian Blvd Gaithersburg, MD 20878 with
a Unlawful discrimination Practice relating to employment violation
of article 15 because of race/sex/color, retaliation, and Misconduct.

9.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

Most Recent date of Misconduct discrimination March 27th, 2015
I was discharge from SDH Education West, LLC (Sodexo) because
of my Past Complaints of discrimination, harassment, Misconduct, and
Retaliation to filing a Sexual harassment claim against a Manager.
Due to SDH Education West, LLC I suffer from back problems, Obesity,
Carpel tunnel, anxiety, and depression since my unfair discharge I
visited the hospital on numerous occasion to handle any Medical or Mental
issues.

SECOND CAUSE OF ACTION

March 9th, 2015 I was subjected to a Meeting because of my filing a discrimination Complaint of race/color with the Division of Human Rights. During the Meeting I attempted to leave due to Poor behavior and Misconduct from the Managers Present. As I attempted to exit Manager Pavel Nowacki blocked the door at which time he placed his hand across my chest/breast area.

THIRD CAUSE OF ACTION

I filed a Complaint the same day March 9th, 2015 informing the Union which SOH Education West, LLC ~~filed~~ to submit to the Union. I was placed on a 18 day lay-off unpaid until March 27th, 2015 I was informed during another Meeting I was fired, on the discharge it states because I filed a Complaint against Management. I believe I was subject to discipline and ultimately terminated in retaliation due to my Complaints of Sexual harassment and race/color discrimination.

10. I filed charges with the New York State Division on Human Rights, the New York City Commission on Human Rights or Equal Employment Opportunity Commission regarding the alleged discriminatory acts on or about:

June 2015
(Provide Date)

11. The Equal Employment Opportunity Commission issued a Notice-of-Right-to-Sue letter (copy attached) which was received by me on or about:

Feb. 2016
(Provide Date)

12. The plaintiff is an employee within the meaning of 42 U.S.C. § 2000e(f).
13. The defendant(s) is (are) an employer, employment agency, or labor organization within the meaning of 42 U.S.C. § 2000e(b), (c), or (d).
14. The defendant(s) is (are) engaged in commerce within the meaning of 42 U.S.C. § 2000e(g).

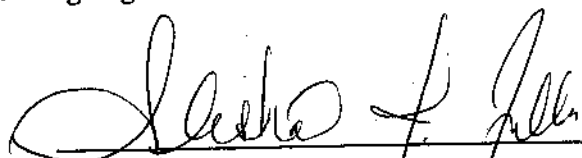
15. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

Plaintiff request Past wages, lost wages, Compensation,
Medical reimbursement, Pain and suffering, Mental damages,
Mental anguish, Punitive damages.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 3/16/16


Alesia T. Fuller BT, AAS

Signature of Plaintiff(s)
(all Plaintiffs must sign)

02/2010

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Alesha Fuller**
188 Main Street
Binghamton, NY 13905

From: **New York District Office**
33 Whitehall Street
5th Floor
New York, NY 10004

☐

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

16G-2015-03134

Holly M. Woodyard,
State & Local Program Manager

(212) 336-3643**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☐

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☒

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

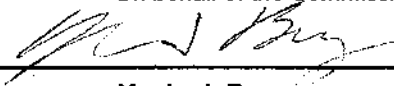
- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Kevin J. Berry,
District Director

02/16/16

(Date Mailed)

Enclosures(s)

cc:

SDH EDUCATION WEST, LLC
9801 Washingtonian Boulevard
Gaithersburg, MD 20878

**INFORMATION RELATED TO FILING SUIT
UNDER THE LAWS ENFORCED BY THE EEOC**

*(This information relates to filing suit in Federal or State court under Federal law.
If you also plan to sue claiming violations of State law, please be aware that time limits and other
provisions of State law may be shorter or more limited than those described below.)*

**PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA),
the Genetic Information Nondiscrimination Act (GINA), or the Age
Discrimination in Employment Act (ADEA):**

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you receive this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10** -- not 12/1/10 -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.

Originated From:
Allscripts TouchWorks
Riverside Medical

Performing Facility:



OLL- 8033930

Please call (607) 584-5515 to pre-register
Lab Requisition #: 8033930

161 Riverside Drive
 Suite 306 Binghamton, NY 13905
 (607) 798-6700

Account #: Update Linked Server

Patient: ALESHA FULLER 256 1/2 MAIN STREET BINGHAMTON, NY 13905	Patient ID: 845741 DOB: 1990	Sex: F
Other #: Other2 #:	Appt. Location: Riverside Medical Associates	
Home: (607) 372-6902 Work: PCP:	Bill Type: T	
OP : Shoalb Ahmed, M.D. - [00711] NPI: 1699871103		

Date & Time Specimen Collected: _____

☐ **Fasting**

☐ **Non-Fasting**

» - **[Dietician Referral] - [DIETICIAN]**

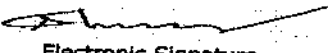
Order #: TW155934220

Date Ordered
22-Dec-2015

Approving Provider
Shoalb Ahmed [NPI:1699871103]

CPT4 Code

Patient Instructions


Electronic Signature

To Be Done Date

22 Dec 2015

Priority
Routine

Status

Need Information

Comments for Scheduler

Encounter Date
22-Dec-2015

Prompts

303 Main St

1-4-16 9:30

Problems

Obesity (278.00)(E66.9)

» - **[Follow-up visit in 3 months] - [FU3M]**

Order #: TW155934380

Date Ordered
22-Dec-2015

Approving Provider
Shoalb Ahmed [NPI:1699871103]

CPT4 Code

Patient Instructions


Electronic Signature

Order Requisition

--CONTINUED--

Lab Ref #: 8033930

Patient Name: FULLER, ALESHA

MRN: 845741

To Be Done Date

22 Dec 2015

Priority

Routine

Status

Hold For

Performing Location Comments**Encounter Date**

22-Dec-2015

Problems

Carpal tunnel syndrome (354.0)(G56.00)

» - **[Chiropractor Referral] - [CHIR]**

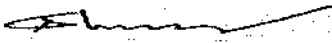
Order #: TW155935220

Date Ordered

22-Dec-2015

Approving Provider

Shoaib Ahmed [NPI:1699871103]

CPT4 Code**Patient Instructions**

 Electronic Signature
To Be Done Date

22 Dec 2015

Priority

Routine

Status

Need Information

Comments for Scheduler**Encounter Date**

22-Dec-2015

Prompts**Problems**

Back pain, chronic (724.5)(M54.9)

FINDINGS OF FACT: The claimant filed an original claim for benefits effective December 22, 2014. The claimant worked for this employer as a receiver from February 11, 2014 until March 9, 2015. On March 9, 2015 the claimant was suspended without pay because the employer concluded that the claimant had refused to do her job on March 4, 2015. [REDACTED] On March 17, 2015 the claimant reported to the Department of Labor that she was separated from employment because of lack of work since she was on suspension and had not yet been discharged. On March 27, 2015 the claimant was discharged because the employer concluded that she refused to do her job on March 4, 2015. The claimant did not receive \$385.00 in benefits. [REDACTED] At the time of the hearing, there was no documentation or testimony presented that benefits were issued to the claimant.

OPINION: Pursuant to Labor Law § 593 (3), a claimant is disqualified from receiving benefits after having lost employment through misconduct in connection with that employment. Pursuant to Labor Law § 527, the wages paid in such employment cannot be used to establish a future claim for benefits.

Pursuant to Labor Law § 597 (4), a new determination or decision shall not affect the rights to any benefits already paid under the authority of the prior determination or decision provided they were accepted by the claimant in good faith and the claimant did not make any false statement or representation and did not willfully conceal any pertinent fact in connection with the claim for benefits.

Pursuant to Labor Law § 594, a claimant who has willfully made a false statement or representation to obtain any benefits shall forfeit benefits and a penalty may be assessed at either \$100.00 or 15% of the overpayment amount, whichever is greater.

The credible evidence establishes that on March 9, 2015 the claimant was suspended without pay because the employer concluded that the claimant had refused to do her job on March 4, 2015 and was subsequently discharged on March 27, 2015. [REDACTED] At the time of the hearing, there was no documentation or testimony presented that benefits were issued to the claimant. [REDACTED] Accordingly, the claimant is not subject to disqualification on the basis of a loss of employment through misconduct in connection with that employment.

The credible evidence further establishes that when the claimant filed her claim for benefits she reported that she was separated from employment due to lack of work. The claimant's certification was accurate because at the time of the certification [REDACTED] As such, I conclude that the claimant's employment ended under non-disqualifying circumstances. [REDACTED] As the claimant's employment ended under non-disqualifying circumstances, there is no overpayment or monetary penalty. Moreover, I credit the claimant's credible, undisputed testimony that she did not receive \$385.00 in benefits as there has been no documentation or testimony presented that might contradict the claimant's credible testimony. Consequently, the issues of overpayment and monetary penalty are moot because the claimant did not receive any benefits. Accordingly, the claimant is not subject to an overpayment or monetary penalty.

DECISION: The initial determinations, disqualifying the claimant from receiving benefits effective March 10, 2015, on the basis that the claimant lost employment through misconduct in connection with that employment and holding that the wages paid to the claimant by the employer prior to March 10, 2015 cannot be used toward the establishment of a claim for benefits, and charging the claimant with an overpayment of \$385.00 in benefits recoverable pursuant to Labor Law § 597 (4) and reducing the claimant's right to receive future benefits by eight effective days and charging a civil penalty of \$100.00 on the basis that the claimant made a willful misrepresentation to obtain benefits, are overruled.

TO THE EMPLOYER:

1. If you disagree with this decision and you believe that you have good cause for not appearing or proceeding at the hearing, you may request to reopen the case. You must request a reopening within a reasonable time of the date of this decision. When you request a reopening you must be ready to testify at a hearing and present any other evidence you have.
2. Fax or mail your request to the Administrative Law Judge Section address on the front of the decision. Include the number of the case that you are requesting to reopen and the reason for your failure to appear at the hearing(s). Attach any documentation that supports your reason.
3. List any dates in the next 45 days on which you are NOT AVAILABLE for a hearing. We will do our best to accommodate your schedule. Failure to list dates will result in the hearing being scheduled for the next available date.
4. You are required to listen to the recording(s) of the past hearing(s) you missed before the next scheduled hearing. Failure to do so may result in your inability to proceed at the hearing. Contact the hearing office listed on the most recent hearing notice to make those arrangements.
5. At that hearing, the Judge will first take testimony on whether you had good cause for not appearing or proceeding at the prior hearing(s). The Judge will decide the other issues in the decision only if there is good cause for missing the prior hearing(s).
6. If you again fail to either appear or proceed at a scheduled hearing, any further request for reopening must be made to the Appeal Board. You will be granted another hearing only if the Board determines, based on its review of the case file, that your failure to appear or proceed at both prior hearings was for good cause or if in its discretion the Board orders another hearing to consider that question.

/s/ Lauren Chatterton

Administrative Law Judge

NOTICE OF DECISION**CLAIMANTS****IF YOU DISAGREE WITH THIS DECISION, YOU HAVE A RIGHT TO APPEAL TO THE UNEMPLOYMENT INSURANCE APPEAL BOARD.**

Parties may be represented by lawyers or other persons of their choice on appeal to the Appeal Board. For representing a claimant, a lawyer or an agent registered by the Appeal Board may charge a fee. The fee must be approved by the Appeal Board before payment may be accepted by such lawyer or agent. No other person may charge a fee for representing a claimant. If you do not have enough money to hire a lawyer or registered agent, you may be able to get one free through your local Legal Aid Society or Legal Services Program.

TO APPEAL A DECISION

1. Continue to follow all instructions from the Unemployment Insurance office where you originally filed your claim and to certify for benefits as long as you are unemployed and claiming benefits. This will protect your rights to any benefits you claim.
2. Within twenty (20) days of the date printed on the face of this decision, mail a letter to the office where you originally filed your claim or to the Appeal Board at P.O. Box 15126, Albany, New York 12212-5126, or fax your appeal to the Appeal Board at (518) 402-6208. Please state that you wish to appeal and the reasons for your appeal. Include your ALJ Case Number (found just above your name on the face of the Notice of Decision) and a copy of the Notice of Decision.
3. Claimants who appeal are not required to pay a deposit on filing an appeal.

EMPLOYERS

If you wish to appeal this decision, you may file a notice of appeal within twenty (20) days from the date printed on the face of this decision to the office where the claim was originally filed and which issued the initial determination, or to the Unemployment Insurance Appeal Board at P.O. Box 15126, Albany, New York 12212-5126, or you may fax your notice of appeal to the Appeal Board at (518) 402-6208. Such notice of appeal should include the A.L.J. Case Number (found on the face of this Notice of Decision), the reason(s) for the appeal and a copy of the Notice of Decision.

ALL PARTIES WILL RECEIVE A NOTICE OF RECEIPT OF APPEAL DIRECTLY FROM THE APPEAL BOARD AFTER ANY APPEAL IS MADE.

INSTRUCCIONES A LOS RECLAMANTES**RECLAMANTES****SI NO ESTÁ DE ACUERDO CON ESTA DECISIÓN, USTED TIENE DERECHO DE APELARLA A LA JUNTA DE APELACIONES DEL SEGURO POR DESEMPLEO.**

Las partes si lo desean, pueden estar representadas por abogados u otras personas que ellos seleccionen en la apelación a la Junta de Apelaciones (Appeal Board). Un abogado o un agente que esté registrado por la Junta de Apelaciones, puede cobrarse honorarios por representarle. Estos honorarios deben ser aprobados por la Junta de Apelaciones antes que el pago pueda ser aceptado por dicho abogado o agente registrado. Ninguna otra persona podrá cobrar honorarios por representar al reclamante. Si usted no tiene suficiente dinero para contratar a un abogado o un agente registrado, puede conseguir uno gratis a través de la Sociedad de Asistencia Legal (Legal Aid Society) o el Programa de Servicios Legales (Legal Services Program).

PARA APELAR LA DECISIÓN

1. Continúe siguiendo todas las instrucciones de la oficina del Seguro por Desempleo (Unemployment Insurance) donde usted presentó su reclamo originalmente y para certificar por los beneficios mientras permanezca desempleado y esté reclamando beneficios. Esto protegerá su derecho a recibir cualquier beneficio que reclame.
2. Antes de cumplirse veinte (20) días de la fecha que aparece al frente de esta decisión, envíe una carta a la oficina donde presentó originalmente su petición o al Appeal Board a P.O. Box 15126, Albany, New York 12212-5126, o envíe por fax su apelación al Appeal Board al (518) 402-6208. Por favor, explique que desea apelar y las razones que tiene para hacerlo. Incluya su número de caso ALJ (lo encontrará justo encima de su nombre al frente de este Aviso de Decisión) y envíe una copia de este Aviso de Decisión.
3. Los reclamantes no necesitan depositar dinero para poder apelar su caso.

TODAS LAS PARTES RECIBIRÁN UN AVISO DE RECIBO DE APELACIÓN DIRECTAMENTE DE LA JUNTA DE APELACIONES DESPUÉS DE QUE SU PETICIÓN SEA RECIBIDA.

\$110 (amount per week)
 X 13 (weeks owed)
 330
 1100
 \$1,430



PO Box 5435
White Plains, NY 10602-5435

201503304702

Forwarding Service Requested

7999 0.5234 FP 0.460 MIXED AADC L30



ALESHA FULLER
256 1/2 MAIN ST
BINGHAMTON, NY 13905

101

EXPLANATION OF BENEFITS (EOB)
AMALGAMATED NATIONAL HEALTH FUND
If you have any questions about this notice, contact:
AliCare at (800-711-8915)
Monday to Thursday from 8:00 am - 8:00 pm ET
Friday 8:00 am - 6:00 pm ET
Saturday 9:00 am - 2:00 pm ET
Or go to members.aligroups.com for access to our
Member Portal

Date of Notice: 03/27/2015
Claim No.: 955DHY21511401100-MM
Plan: AMALGAMATED NAT'L
HEALTH FUND
Member: ALESHA FULLER
Member ID: DHY000043658
Patient: ALESHA FULLER
Relationship: EMPLOYEE
Provider: ABRAM H NICHOLS
Patient Acct: 27150825836300834



This EOB contains important information that you should retain for your records. **THIS IS NOT A BILL.**

TYPE OF SERVICE	DATE(S) OF SERVICE	CHARGES	NON-COVERED	NETWORK RATE	APPLIED TO DEDUCTIBLE	PAID AT %	CO-INSURANCE	COPAY AMOUNT	PAYMENT AMOUNT	SEE REMARKS BELOW
SPINAL MANIP	03/10-03/10/2015	44.00	.00	32.07	.00	100%	See Total Below	25.00	7.07	AN CO
CLAIM TOTALS		44.00	.00	32.07	.00			25.00	7.07	
Adjustment Due to:							Other Coverage (COB)		.00	
							Other Adjustments			
							TOTAL PAID		7.07	

Accumulators only apply when applicable

Cost Sharing Information			
Benefit Year: 2015	In-Network	Out-of-Network	
Individual Deductible Met to Date:	.00	.00	
Family Deductible Met to Date:	.00	.00	
Individual Out-of-Pocket Met to Date:	50.00	50.00	
Family Out-of-Pocket Met to Date:	50.00	.00	

Payment To	Check No.	Check Amount
ABRAM H NICHOLS		7.07

REMARKS/REASONS FOR PAYMENT DETERMINATION and/or ADVERSE BENEFIT DETERMINATION:

AN IN-NETWORK CONTRACTUAL RATE \$32.07
CO COPAYMENT

IMPORTANT MESSAGE

THE PAYMENT AMOUNT, IF ANY, WILL BE PAID TO THE PROVIDER BY BC/BS.

Please refer to reverse side for important disclosure issues and your rights of review and appeal.

For more specific information about your plan, reference your Summary Plan Description booklet (SPD) or Summary of Material Modifications (SMM) or OVERVIEW OF YOUR PLAN.

Abram H. Nichols, D.C.
 104 Grand Blvd.
 Binghamton, NY 13905-3331
 607-797-2538
 Statement of Account
 March 18, 2015

Statement for:
 Alesha Fuller
 188 Main St.
 Binghamton NY 13905

Patient:
 Alesha Fuller #5266

Dates Of Service	Total Charges	Ins. Co. Credits	Ins. Co. Owes	Patient Credits	Patient Owes	Status
03/06/15 - 03/06/15	126.00	0.00	0.00	25.00	101.00	Current
03/10/15 - 03/10/15	44.00	0.00	19.00	25.00	0.00	Current

Account Totals

Total Charges : \$ 170.00
 Total Outstanding : \$ 120.00
 Insurance Company : Paid \$0.00, has other credits of \$0.00 and owes \$19.00
 Patient : Paid \$50.00, has other credits of \$0.00 and owes \$101.00
 Last payment of \$25.00 made on 03/10/2015